

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)  
**RECEIVED**  
FEB 24 2021

Permit #:	21-0199
Date:	2-1-21
Amount Paid:	\$450.00 check
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Original Application MUST be submitted FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: William & Tess Olson	Mailing Address: 1513 S. Water St.	City/State/Zip: Sparta Wi. 54656	Telephone:
Address of Property: No Fire # School Road	City/State/Zip: Port Wing Wi. 54865	Cell Phone: 608 487-5057	
Contractor: NA	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# 28844	Recorded Document: (Showing Ownership) 2020R 584873
1/4, 1/4	Gov't Lot	Lot(s)	CSM
Vol & Page	CSM Doc #	Lot(s) # 4-12	Block # 2
Subdivision: OKERSTROM HEYDLOFF	Section 28	Township 50 N, Range 8 W	Lot Size
Acres	.673		

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$149,000 <sup>00</sup>	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input checked="" type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	<input type="checkbox"/> Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Year Round	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length: _____	Width: _____	Height: _____
Proposed Construction: (overall dimensions)	Length: 62	Width: 32	Height: 25

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	( 24 X 36 )	
	<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( 52 X 36 )	1872
		with Loft	( X )	
		with a Porch Covered Entry	( 8 X 10 )	80
<input type="checkbox"/> Commercial Use		with (2nd) Porch	( X )	
		with a Deck	( X )	
		with (2nd) Deck	( X )	
		with Attached Garage	( 32 X 24 )	832
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities )	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( X )	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	( X )	
	<input type="checkbox"/>	Accessory Building (explain) _____	( X )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	( X )	
	<input type="checkbox"/>	Special Use: (explain) _____	( X )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
	<input type="checkbox"/>	Other: (explain) _____	( X )	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): William J. Olson / Tess Dammun Olson  
(If there are Multiple Owners listed on the Deed ALL Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Date: 2-17-21

Address to send permit \_\_\_\_\_  
Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed  
Original Application MUST be submitted

No Fee Sent 2-24-21



In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (\*):

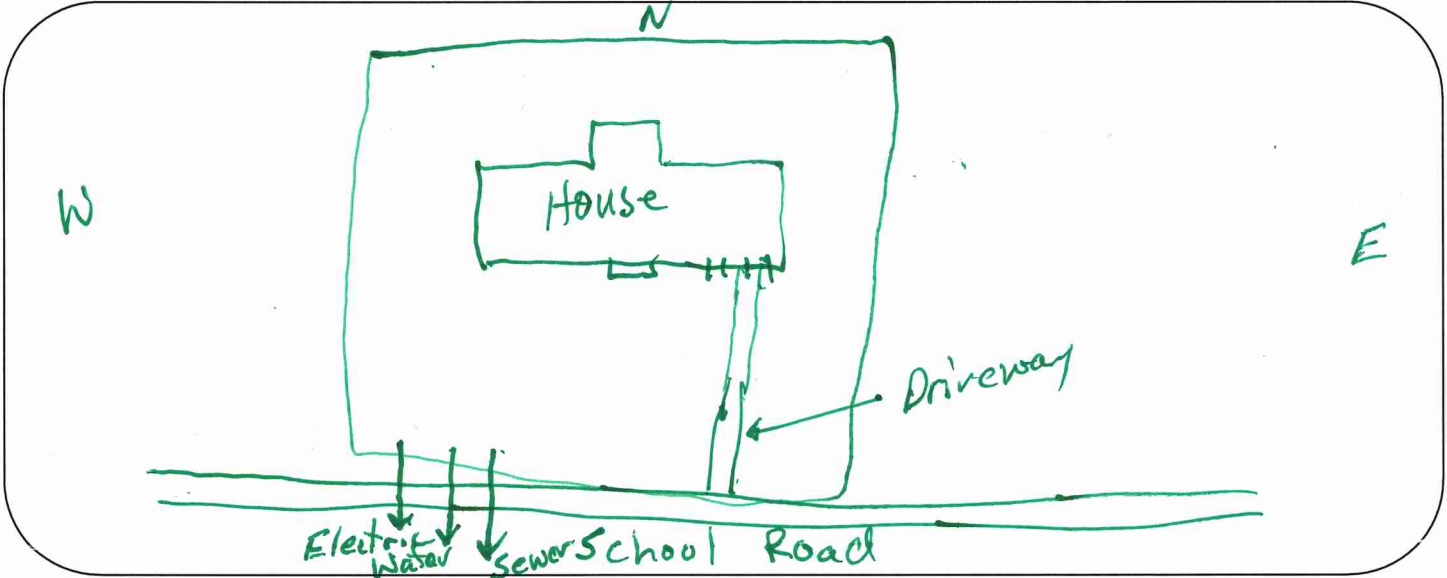
(\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (4) Show:

All Existing Structures on your Property
- (5) Show:

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (6) Show any (\*):

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (7) Show any (\*):

(\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the <b>Centerline of Platted Road</b>	187 Feet	Setback from the <b>Lake</b> (ordinary high-water mark)	— Feet
Setback from the <b>Established Right-of-Way</b>	147 Feet	Setback from the <b>River, Stream, Creek</b>	— Feet
		Setback from the <b>Bank or Bluff</b>	— Feet
Setback from the <b>North Lot Line</b>	42 Feet	Setback from <b>Wetland</b>	40 Feet
Setback from the <b>South Lot Line</b>	147 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the <b>West Lot Line</b>	26 Feet	Elevation of Floodplain	— Feet
Setback from the <b>East Lot Line</b>	50 Feet		
Setback to <b>Septic Tank or Holding Tank</b>	— Feet	Setback to <b>Well</b>	— Feet
Setback to <b>Drain Field</b>	— Feet		
Setback to <b>Privy</b> (Portable, Composting)	— Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

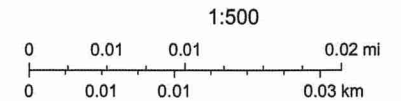
<b>Issuance information (County Use Only)</b>		Sanitary Number: <u>Municipal</u>		# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:					
Permit #: <u>21-0199</u>		Permit Date: <u>7-1-21</u>					
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)		<input checked="" type="checkbox"/> No		Mitigation Required	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))		<input checked="" type="checkbox"/> No		Mitigation Attached	
Is Structure Non-Conforming		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		Affidavit Required	
						Affidavit Attached	
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Case #:		Case #:					
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: <u>Met on-site with contractor B. H. Gustafson in fall 2020 and inspected house location. Revised Spring 2021. Appears code compliant. Wetland boundary is distinct and ~40' from house.</u>		Zoning District ( <u>A4</u> )		Lakes Classification ( <u>—</u> )			
Date of Inspection: <u>Apr. 2021</u>		Inspected by: <u>Todd Norwood</u>		Date of Re-Inspection:			
Condition(s): <u>Town, Committee or Board Conditions Attached?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No — (If <u>No</u> they need to be attached.)							
<u>Must obtain a Uniform Dwelling Code (UDC) permit from the locally contracted UDC inspection agency prior to start of construction - must meet and maintain setbacks.</u>							
Signature of Inspector: <u>Todd Norwood</u>						Date of Approval: <u>7-1-21</u>	
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	



# Bayfield County, WI



7/1/2021, 9:42:30 AM



Bayfield County, Bayfield County Land Records



TOWN OF PORT WING  
SANITARY DISTRICT  
MARJORIE OGREN, CLERK  
PO BOX 28  
PORT WING, WI 54865  
715-774-3624

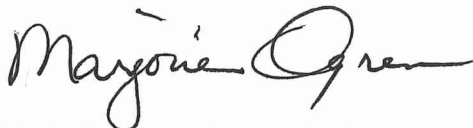
October 26, 2020

Bayfield County Zoning & Planning  
117 East 5<sup>th</sup> Street  
PO Box 58  
Washburn, WI 54891

Greetings;

This is to inform you the land owned by William J. Olson and Tess Dammen –Olson (04-042-2-50-08-28-3 00-236-06000) (Tax #28844) *is located in the Town of Port Wing's Sanitary District and Sewer District, and said property is hooked up to both the Town's sewer and water.*

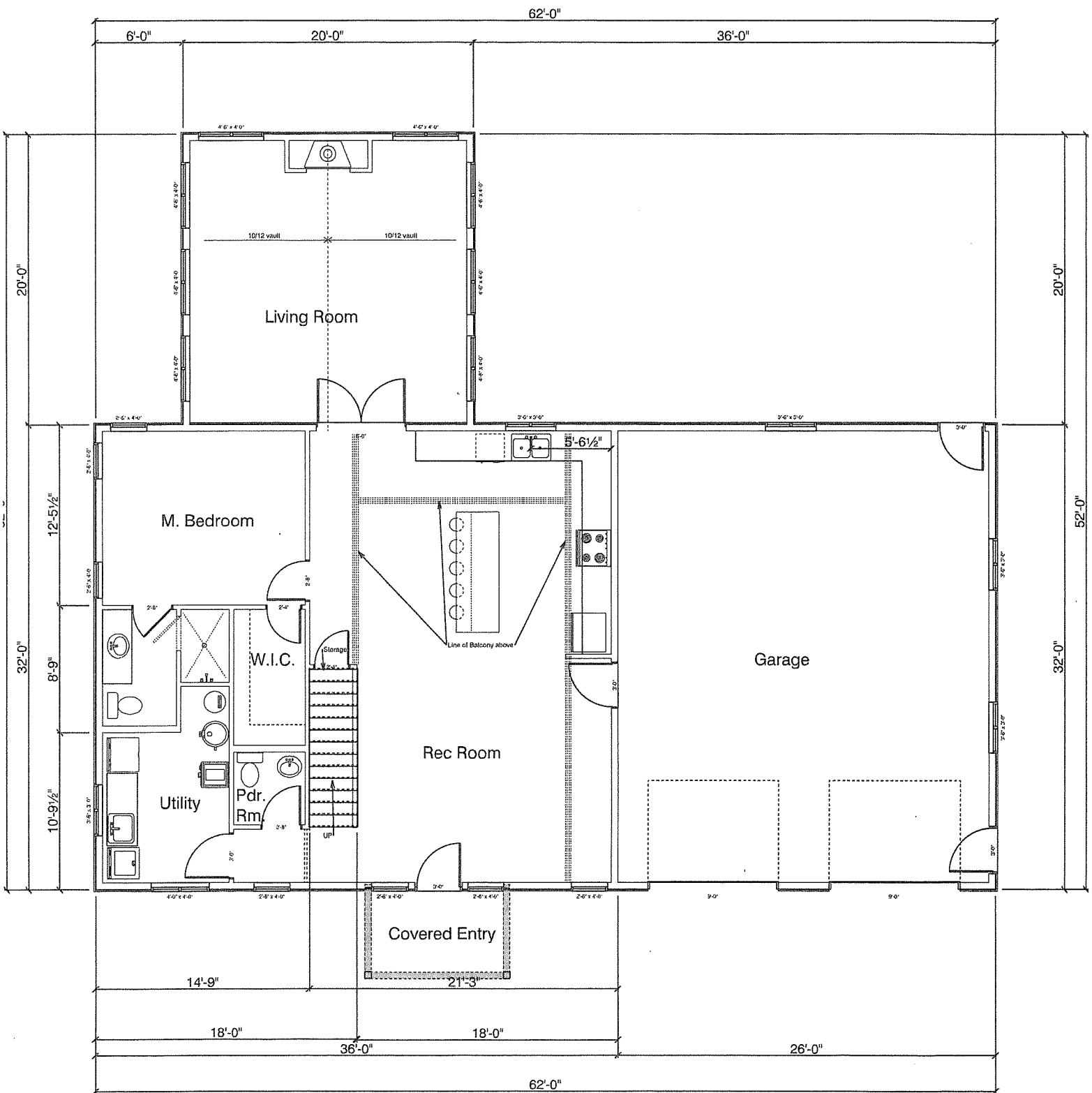
Thank you

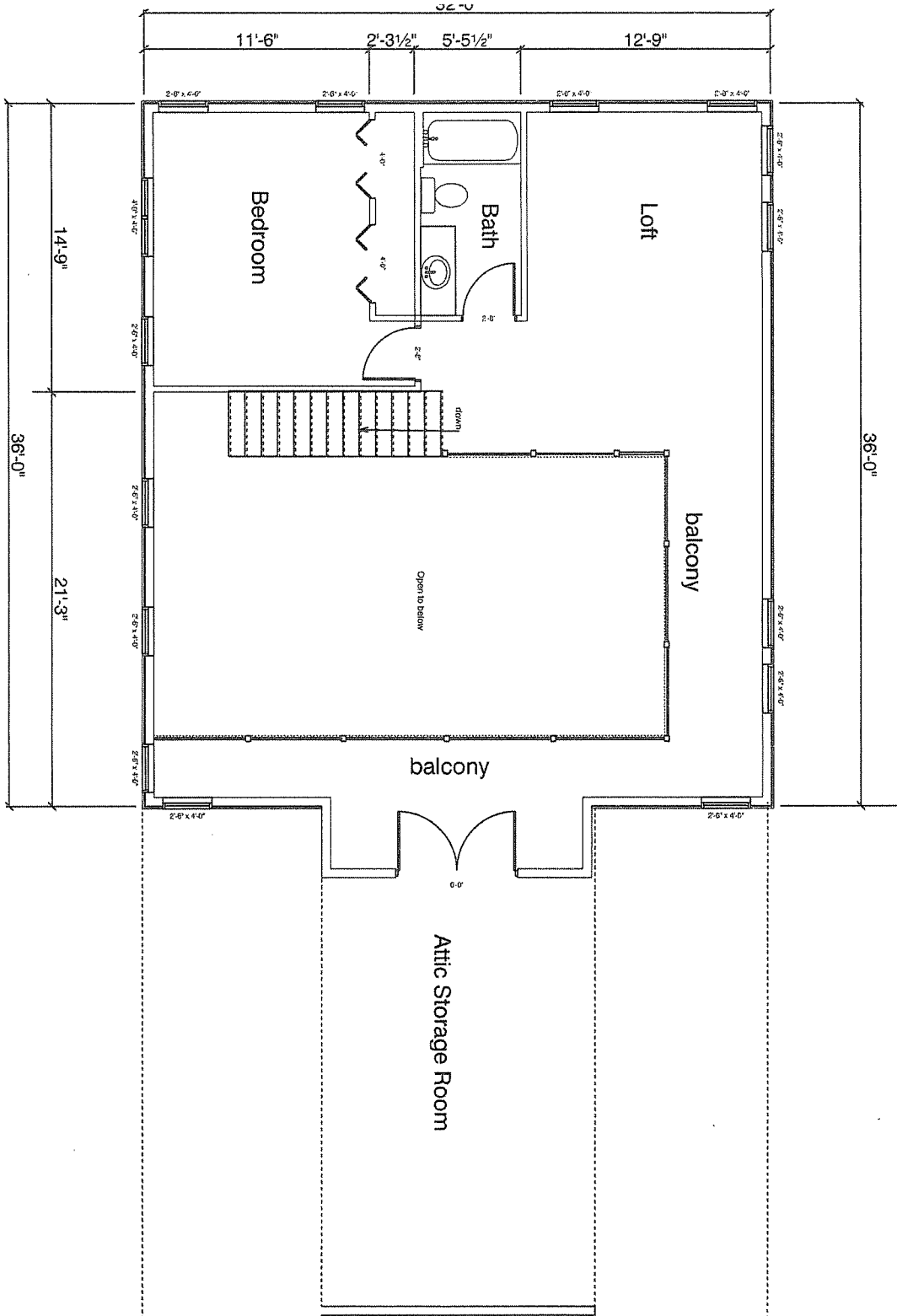


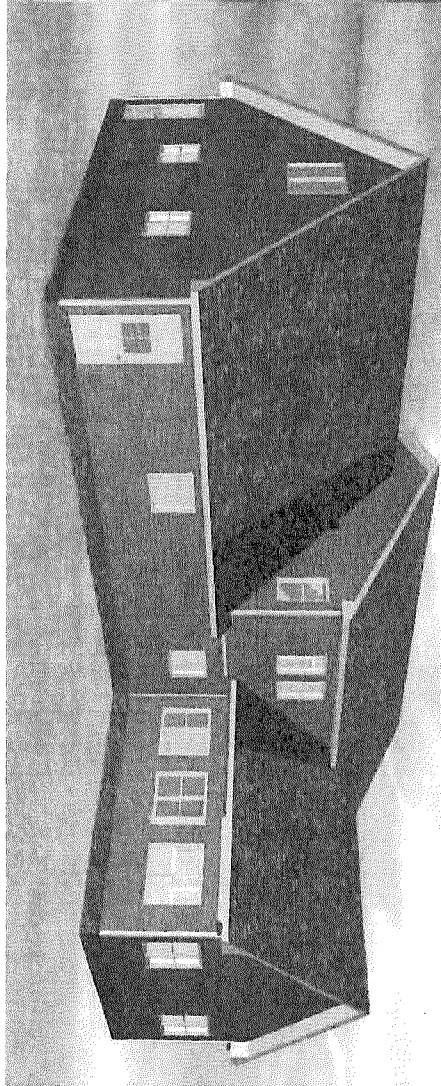
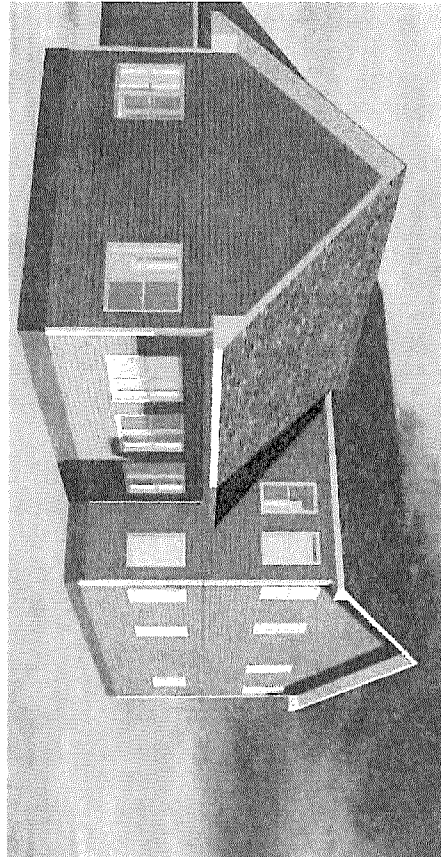
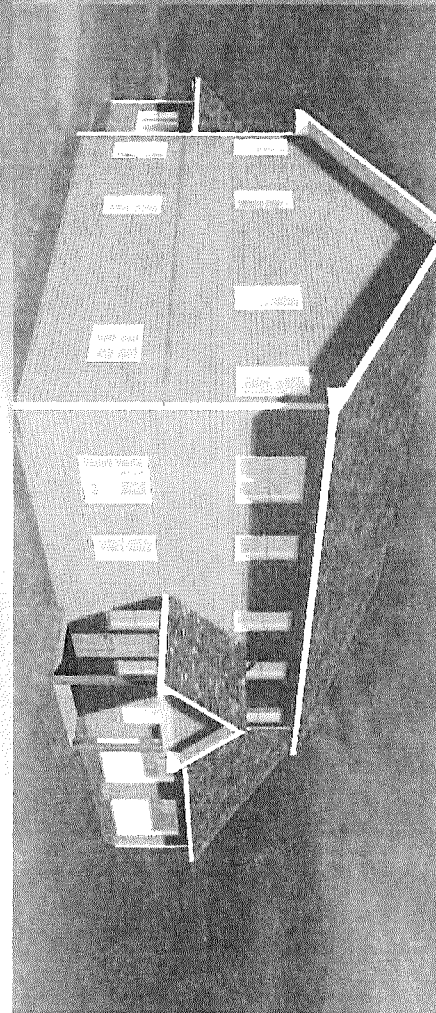
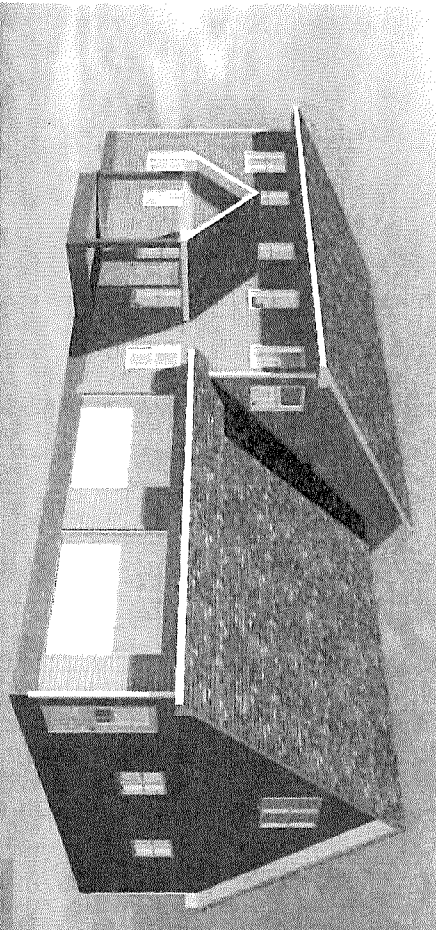
Marjorie Ogren, Town Clerk

Dwight Johnson, Chairman  
Gary Williams and Russell Bailey, Supervisors  
Eleanora Tribys, Treasurer

RECEIVED  
NOV 02 2020  
Bayfield Co. Zoning Dept.







## Real Estate Bayfield County Property Listing

Today's Date: 7/1/2021

Property Status: Current

Created On: 3/15/2006 1:16:00 PM



## Description

Updated: 10/22/2020

**Tax ID:** 28844  
**PIN:** 04-042-2-50-08-28-3 00-236-06000  
 Legacy PIN: 042110410000  
 Map ID:  
 Municipality: (042) TOWN OF PORT WING  
 STR: S28 T50N R08W  
 Description: OKERSTROM HEYDLOFF ADDITION TO  
 PORT WING LOTS 4-12 BLOCK 2 IN  
 DOC 2020R-584873 1183 IM 2004R-  
 495988  
 Recorded Acres: 0.673  
 Calculated Acres: 0.672  
 Lottery Claims: 0  
 First Dollar: No  
 Zoning: (R-4) Residential-4  
 ESN: 127



## Tax Districts

Updated: 3/15/2006

1 STATE  
 04 COUNTY  
 042 TOWN OF PORT WING  
 044522 SCHL-SOUTHSHORE  
 001700 TECHNICAL COLLEGE  
 047100 PORT WING SANITARY



## Recorded Documents

Updated: 3/15/2006

## WARRANTY DEED

Date Recorded: 10/16/2020 2020R-584873

## CONVERSION

Date Recorded: 495988 537-233;824-1040;907-103

## TRUSTEES DEED

Date Recorded: 11/24/2004 2004R-495988



## Ownership

Updated: 10/22/2020

**WILLIAM J OLSON** SPARTA WI  
**TESS DAMMEN-OLSON** SPARTA WI

Billing Address:

**OLSON, WILLIAM J &  
 DAMMEN-OLSON, TESS**  
 1513 SOUTH WATER ST  
 SPARTA WI 54656

Mailing Address:

**OLSON, WILLIAM J &  
 DAMMEN-OLSON, TESS**  
 1513 SOUTH WATER ST  
 SPARTA WI 54656



## Site Address \* indicates Private Road

9190 SCHOOL RD PORT WING 54865



## Property Assessment

Updated: 11/4/2008

## 2021 Assessment Detail

Code	Acres	Land	Imp.
G1-RESIDENTIAL	0.673	16,700	0

## 2-Year Comparison

	2020	2021	Change
<b>Land:</b>	16,700	16,700	0.0%
<b>Improved:</b>	0	0	0.0%
<b>Total:</b>	16,700	16,700	0.0%



## Property History

N/A



Town, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY – **City**  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **21-0199** Issued To: **William & Tess Olson**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **28** Township **50** N. Range **8** W. Town of **Port Wing**

Gov't Lot                      Lot **4-12**                      Block **2**                      Subdivision **Okerstrom Heydloff Addition to Port Wing**  
CSM#

For: **Residential Use: [ 1.5- Story; Residence (52' x 36') = 1,872 sq. ft.; Covered Entry (8' x 10') = 80 sq. ft.; Attached Garage (32' x 26') = 832 sq. ft. ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s): Must obtain a Uniform Dwelling Code permit from the locally contracted UDC inspection agency prior to start of construction. Must meet and maintain setbacks.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

**Todd Norwood**

Authorized Issuing Official

**July 1, 2021**

Date



COMPLETED APPLICATION, TAX  
IT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
RECEIVED  
Date Stamp (Received)  
APR 20 2021  
Bayfield Co. Zoning Dept.

Permit #:  
Date:  
Amount Paid:  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Gregory J Liesenfeld		Mailing Address: 231 9 1/4 Ave		City/State/Zip: CLAYTON, WI 54004		Telephone: 715-948-2468									
Address of Property: 85715 SMITH DR.		City/State/Zip: PORT WING, WI 54865		Cell Phone: 715-641-2252											
Contractor: IVAN SCHROCK Anish		Contractor Phone: None		Plumber:		Plumber Phone:									
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Gregory J. Liesenfeld		Agent Phone: 715-641-2252		Agent Mailing Address (include City/State/Zip): 231 9 1/4 Ave Clayton WI 54004		Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
PROJECT LOCATION SW 1/4, NW 1/4		Legal Description: (Use Tax Statement)		Tax ID# 28193		Recorded Document: (Showing Ownership) 2018F 574926									
Gov't Lot 2		Lot(s)		CSM		Vol & Page		CSM Doc #		Lot(s) #		Block #		Subdivision:	
Section 14		Township 50		N, Range 8		W		Town of: PORT WING		Lot Size 10.05 ACRES		Acreage			

<input checked="" type="checkbox"/> Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? (NO) If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : 150 FT 242 feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material \$400,000.00	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City	
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type:	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story + LOFT	<input checked="" type="checkbox"/> Slab	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Leach Field	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		<input checked="" type="checkbox"/> Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>		<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None		

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 86	Width: 42	Height: 30 30

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	( 42 X 32 )	1344
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( 28 X 32 )	896
		with a Porch	16 x 28 ( 16 X 32 )	280
		with (2nd) Porch	8 x 28 ( 8 X 32 )	224
<input type="checkbox"/> Commercial Use		with a Deck	( 14 X 10 )	140
		with (2nd) Deck	( X )	
		with Attached Garage	( 28 X 26 )	728
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date)	( X )	
	<input type="checkbox"/>	Addition/Alteration (explain) Breeze way 16 x 14	( 16 X 14 )	224
	<input type="checkbox"/>	Accessory Building (explain) Between Garage + house	( X )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain)	( X )	
	<input type="checkbox"/>	Special Use: (explain)	( X )	
	<input type="checkbox"/>	Conditional Use: (explain)	( X )	
	<input type="checkbox"/>	Other: (explain)	( X )	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: 4/20/21

Date:

Address to send permit: 231 9 1/4 Ave, Clayton, WI 54004

Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Original Application MUST be submitted



In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (\*):

(\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (4) Show:

All Existing Structures on your Property
- (5) Show:

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (6) Show any (\*):

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (7) Show any (\*):

(\*) Wetlands; or (\*) Slopes over 20%

See Attached pdf Plan

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements		Description	Setback Measurements
Setback from the Centerline of Platted Road	320 Feet		Setback from the Lake (ordinary high-water mark)	242 Feet
Setback from the Established Right-of-Way	287 Feet		Setback from the River, Stream, Creek	Feet
			Setback from the Bank or Bluff	100 Feet
Setback from the North Lot Line	242 Feet			
Setback from the South Lot Line	1024 Feet		Setback from Wetland	Feet
Setback from the West Lot Line	135 Feet		20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	106 Feet		Elevation of Floodplain	Feet
Setback from the _____	Feet		Setback to Well	Feet
Setback from the _____	Feet			
Setback from the _____	Feet			
Prior to _____			Setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the _____	
Prior to _____			Setback (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from _____	

Sanitary  
Submitted  
for  
issuance  
7-19

structure, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

1) Year from the Date of Issuance if Construction or Use has not begun.  
Municipalities Are Required To Enforce The Uniform Dwelling Code.

State or Federal agencies may also require permits.  
near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. For more information, visit the department of natural resources service center (715) 685-2900.

Issued:	Number:	# of bedrooms:	Sanitary Date:				
Permit:	Denial:						
Permit:	7-20-21						
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Inspection Record:	Site staked. Closest stake 100' from bluff. Bluff will be vegetated and stable @ inspection.				Zoning District ( R1 ) Lakes Classification ( 1 )		
Date of Inspection:	5-28-21		Inspected by:	Todd Norwood		Date of Re-Inspection:	
Condition(s):	Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.) Must obtain a uniform dwelling code (UDC) permit prior to start of construction. Must meet and maintain setbacks.						
Signature of Inspector:	Todd Norwood				Date of Approval: 7-19-21		
Hold For Sanitary:	<input type="checkbox"/>	Hold For TBA:	<input type="checkbox"/>	Hold For Affidavit:	<input type="checkbox"/>	Hold For Fees:	<input type="checkbox"/>



# BAYFIELD COUNTY SANITARY PERMIT APPLICATION

Zoning District \_\_\_\_\_

Lakes Class \_\_\_\_\_

ENTERED

## I. APPLICATION INFORMATION (Please Print All Information)

Property Owner's Name: <b>Greg Liesenfeld</b>		Soil Test No:		County Permit No:	
Address of Property: <b>85715 Smith Drive</b>		County: <b>Bayfield</b>			
Property Owner's Mailing Address: <b>231 9 1/4 Ave</b>		Property Location: <div style="display: flex; justify-content: space-around; width: 100%;"> <span>1/4</span> <span>1/4, S</span> <span>T</span> <span>N, R</span> <span>E (or) W</span> </div>			
City, State <b>Clayton, WI</b>		Zip Code <b>54004</b>		Phone Number <b>715-641-2252</b>	
Township: <b>Port Wing</b>		Gov. Lot #: <b>2</b>			
Lot #	Block #	CSM #	CSM Doc #	Subdivision Name	

## II. TYPE OF BUILDING: (Check One)

<input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose _____) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms <b>3</b>		Tax ID#: <b>28193</b>
--	--	--------------------------

## III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)

A) ☐ New      ☐ Replacement      ☐ County Private Interceptor

☒ Reconnection      ☐ Repair      ☐ Revision      \*\* ☐ Transfer of Owner (List Previous Owner below)

B) ☐ A Sanitary Permit was previously issued. **Previous Permit Number:** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_

## IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) \* Replacements need previous permit number and date filled out above

C) ☐ Pit Privy      ☐ Vault Privy (Vault size: \_\_\_\_\_ gallons or \_\_\_\_\_ cubic yards)

☐ Portable Privy      ☐ Camping Transfer Unit Container      ☐ Composting Toilets      ☐ Incinerating Toilet

## V. ABSORPTION SYSTEM INFORMATION:

1. Gallons Per Day	2. Absorp. Area Required (Sq.Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq.Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev.(Feet)	7. Final Grade Elev. (Feet)
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## VI. TANK INFORMATION:

	Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber - glass	Plastic	Exper. App.
	New Tanks	Existing Tanks									
Septic Tank or Holding Tank		<b>1</b>	<b>1000</b>		<b>Huffcut</b>						
Lift Pump Tank / Siphon Chamber		<b>1</b>	<b>650</b>								

## VII. RESPONSIBILITY STATEMENT:

I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.

<b>Owner's Name(s):</b> (Print) If applying for Section C above	<b>Owner's Signature(s):</b> (No Stamps)
---	--

<b>Plumber's Name:</b> (Print) If applying for Section A or B) above <b>JACK A Bowman</b>	<b>Plumber's Signature:</b> (No Stamps) <i>[Signature]</i>	<b>MP/MPRSW No:</b> <b>222839</b>
--	---	--------------------------------------

<b>Plumber's Address:</b> (Street, City State, Zip Code) <b>N 13437 490th St Ridge land wis</b>	<b>Home Phone:</b> <b>715 418 1349</b>	<b>Business Phone:</b> <b>715 949-0099</b>
--	---	---

## VIII. COUNTY / DEPARTMENT USE ONLY

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit/Transfer Fee: <b>\$50 5-6-21</b> <b>Refund 7-20-21</b>	Date Issued: <b>—</b>	Issuing Agent's Signature / Date: <b>—</b>
	<input type="checkbox"/> Owner Given Initial Adverse Determination			

## IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:





← Name of Frontage Road ( ) →

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:
 

<ol style="list-style-type: none"> <li>a. Building to all lot lines</li> <li>b. Building to centerline of road</li> <li>c. Building to lake, river, stream or pond</li> <li>d. Septic / holding tank to closest lot line</li> <li>e. Septic/holding tank to building</li> <li>f. Septic / holding tank to well</li> <li>g. Septic / holding tank to lake, river, stream or pond</li> <li>h. Privy to closest lot line</li> </ol>	<ol style="list-style-type: none"> <li>i. Privy to building</li> <li>j. Privy to lake, river, stream or pond</li> <li>k. Drain field to closest lot line</li> <li>l. Drain field to building</li> <li>m. Drain field to well</li> <li>n. Drain field to lake, river, stream or pond</li> <li>o. Well to building</li> </ol>
--	---

**IMPORTANT  
DETAILED PLOT PLAN  
IS NECESSARY, FOLLOW  
STEPS 1-7 (a-o) COMPLETELY**



**Submit To:** Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891



## Bayfield County, WI



7/19/2021, 11:54:55 AM

-  Rivers  
 Approximate Parcel Boundary  
 Road Type  
 Town

### Lake Superior Shoreline Recession Segments

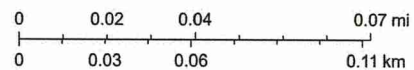
↔ The average annual rate of bluff recession in this reach of shoreline is approximately 1.0 feet.

→ There is no bluff and, thus, no average annual rate of bluff recession in this reach of shoreline.

Flood Plain Boundaries Active Dec 16th, 2011

AE = Base floodplain where base flood elevations are provided.

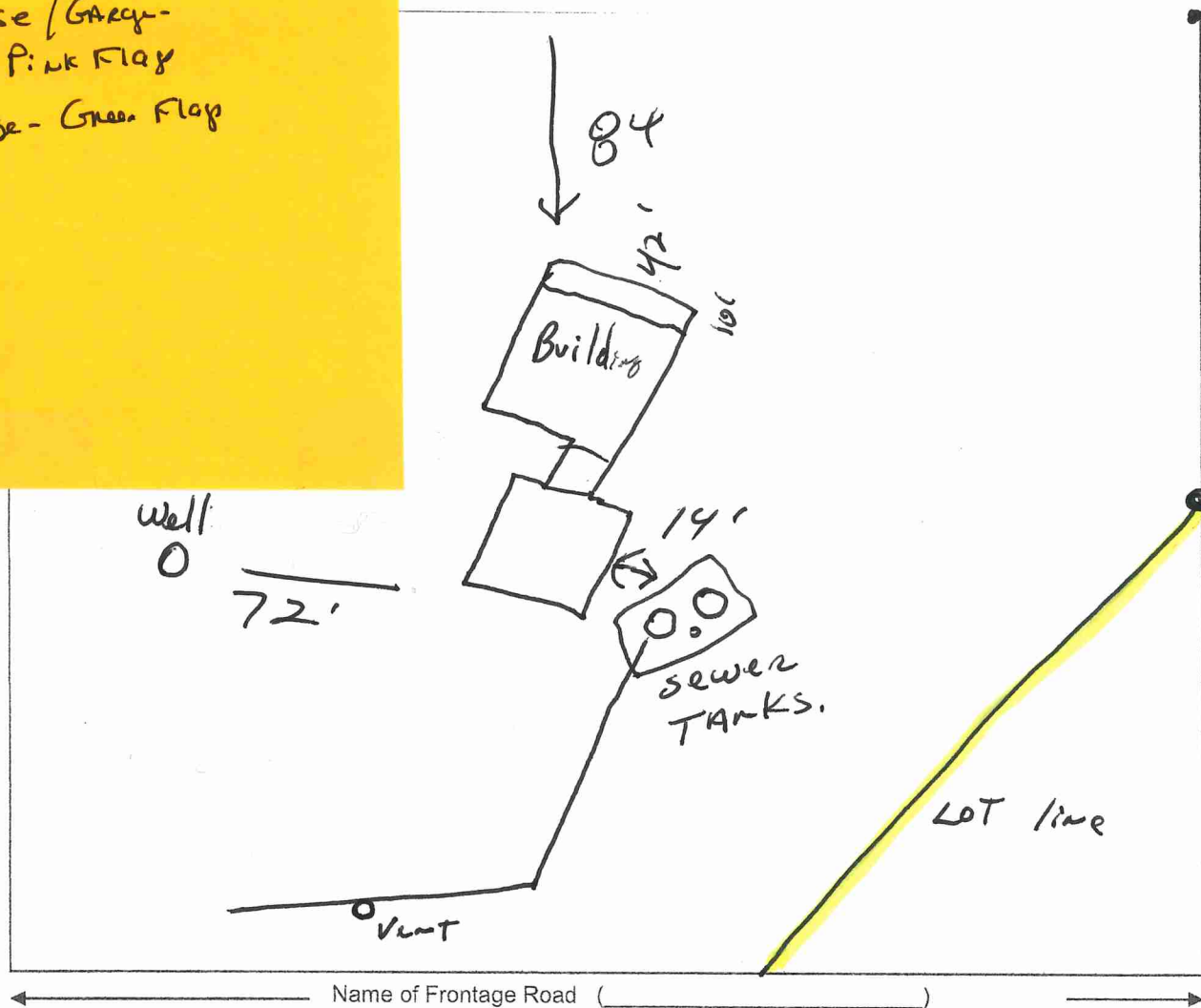
1:1,566



Bayfield County, Bayfield County Land Records Department



House / Garage -  
Pink Flag  
Garage - Green Flag



1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).

2. Show the approximate location and size of the building.

3. Show the location of the well, septic tank and drain field.

4. Show the location of any lake, river, stream or pond if applicable.

5. Show the approximate location of other existing structures.

6. Show the approximate location of any wetlands or slopes over 20 percent.

7. Show dimensions in feet on the following:

- a. Building to all lot lines
- b. Building to centerline of road
- c. Building to lake, river, stream or pond
- d. Septic / holding tank to closest lot line
- e. Septic/holding tank to building
- f. Septic / holding tank to well
- g. Septic / holding tank to lake, river, stream or pond
- h. Privy to closest lot line

- i. Privy to building
- j. Privy to lake, river, stream or pond
- k. Drain field to closest lot line
- l. Drain field to building
- m. Drain field to well
- n. Drain field to lake, river, stream or pond
- o. Well to building

IMPORTANT  
DETAILED PLOT PLAN  
IS NECESSARY, FOLLOW  
STEPS 1-7 (a-o) COMPLETELY

**Submit To:** Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

Revised

85715 SMITH Drive

NORTH

LAKE  
BLUFF

OWNER OWNS  
THIS adjacent  
3 ACRES

Overall Footprint  
of House/GARAGE 42' x 86'

↑  
≈ 100'  
TO BLUFF

→ ≈ 30' TO  
EAST PROPERTY  
LINE

WEST  
PROPERTY LINE

HOUSE ≈ 130'  
FROM WEST  
PROPERTY LINE

WELL  
50' FROM SEPTIC  
25' FROM HOUSE

SEPTIC  
12' FROM  
HOUSE

GARAGE

BREEZING

POUCH

HOUSE

DRIVEWAY

SMITH DRIVE

RECEIVED  
MAY 26 2021

Bayfield Co. Zoning Dept.

DRAIN FIELDS (≈ 300' FROM HOUSE)

↑ DOWNHILL SLOPE

Name of Frontage Road

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
3. Show the location of the well, septic tank and drain field.
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- e. Septic/holding tank to building
- f. Septic / holding tank to well
- g. Septic / holding tank to lake, river, stream or pond
- h. Privy to closest lot line

- i. Privy to building
- j. Privy to lake, river, stream or pond
- k. Drain field to closest lot line
- l. Drain field to building
- m. Drain field to well
- n. Drain field to lake, river, stream or pond
- o. Well to building

IMPORTANT  
DETAILED PLOT PLAN  
IS NECESSARY, FOLLOW  
STEPS 1-7 (a-o) COMPLETELY

Revised plot location  
of house

HWY 13

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891



Rec = 1    Height = 80    Dist = 138

$$80 \left( \frac{1}{\tan 14} - \frac{1}{\tan 30} \right) \times 10^9$$

$$\frac{1}{.25} - \frac{1}{.6}$$

$$4 - 1.67 = 2.33$$

$$80(2.33) = 186.4$$

$$= 18.64$$

$$\begin{array}{r} 75 \\ 50 \\ \hline 125 \end{array}$$

---

$$80 \left( \frac{1}{\tan 30} - \frac{1}{\tan 30} \right)$$

$$1.67 - 1.67 = 0$$

mlresort@yahoo.com

Greg Liese-feld

715-641-2252

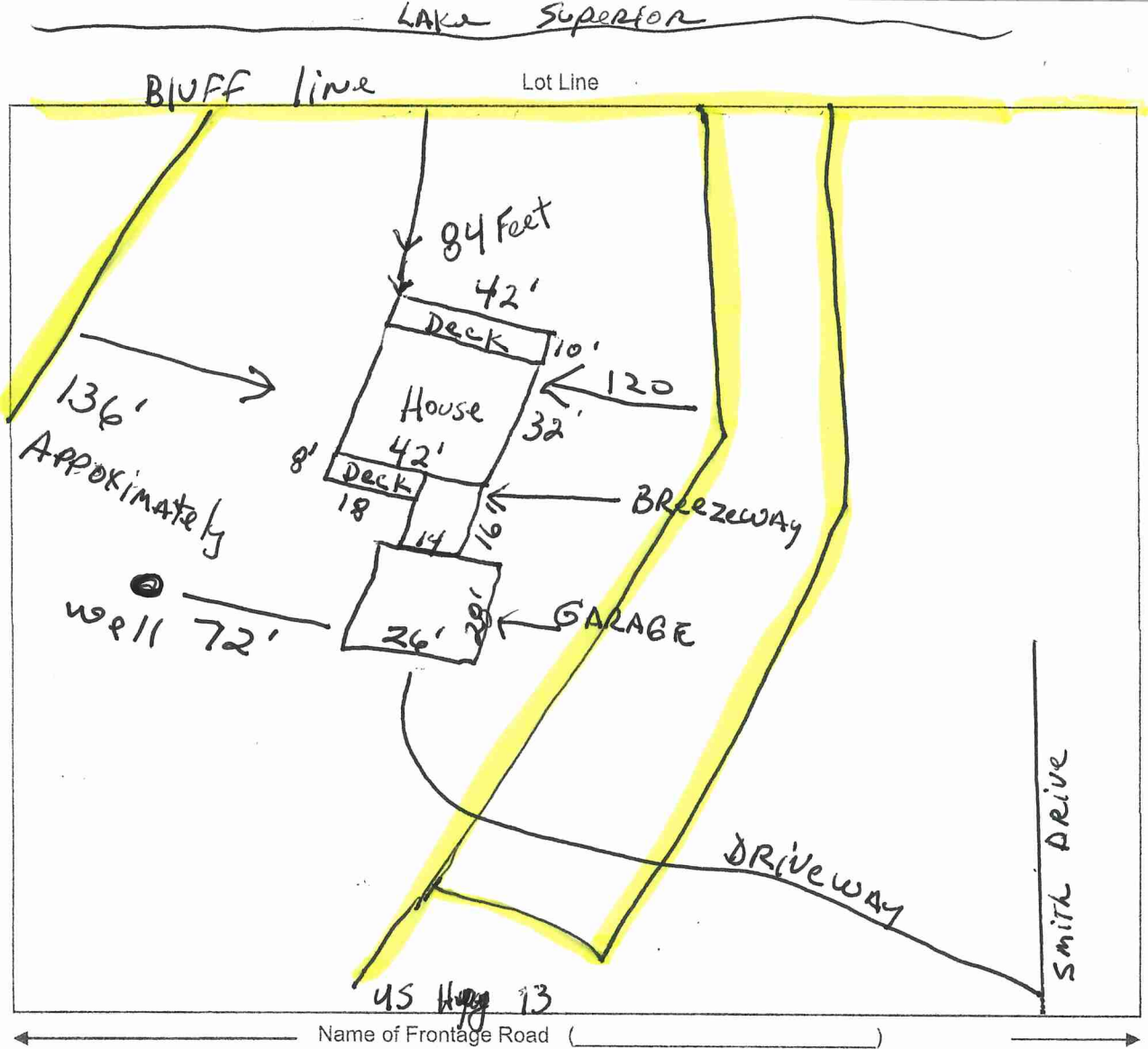
Revised Site Plan

? OK TO EXCAVATE?

Please Call

House Plan Has Moved NE 30ft.

Angle 30°



1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).

2. Show the approximate location and size of the building.

3. Show the location of the well, septic tank and drain field.

4. Show the location of any lake, river, stream or pond if applicable.

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- f. Septic / holding tank to well
- g. Septic / holding tank to lake, river, stream or pond
- h. Privy to closest lot line

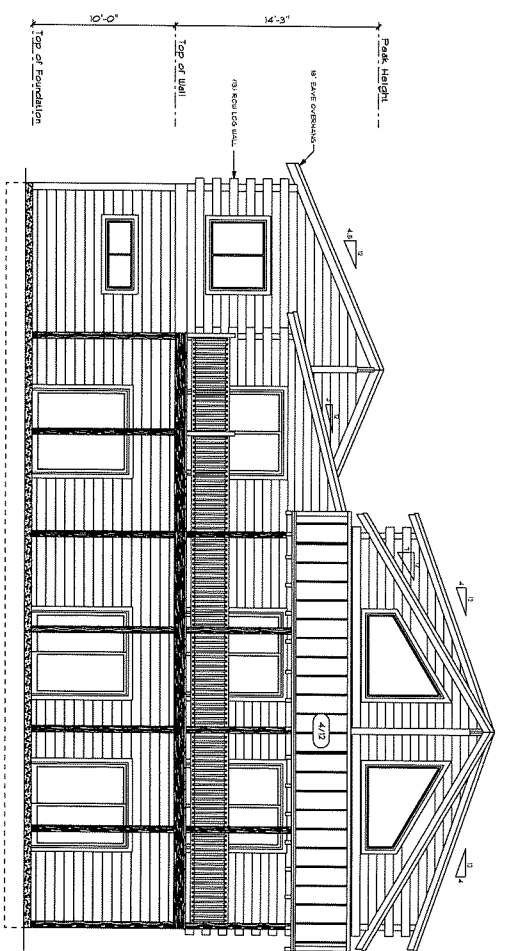
- i. Privy to building
- j. Privy to lake, river, stream or pond
- k. Drain field to closest lot line
- l. Drain field to building
- m. Drain field to well
- n. Drain field to lake, river, stream or pond
- o. Well to building

IMPORTANT  
DETAILED PLOT PLAN  
IS NECESSARY, FOLLOW  
STEPS 1-7 (a-o) COMPLETELY

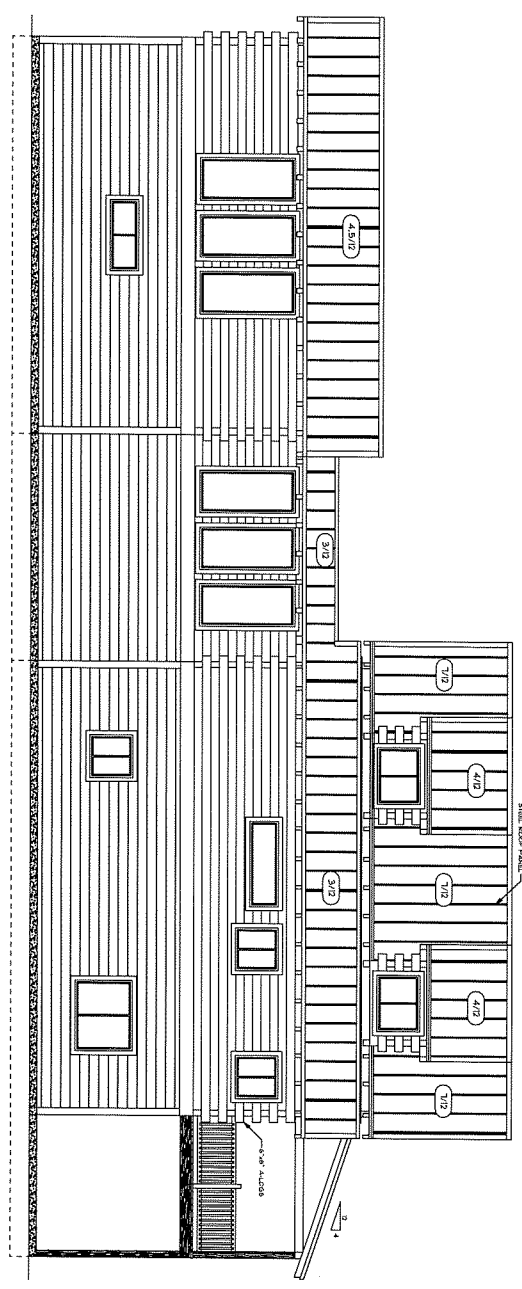
**Submit To:** Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891







REAR ELEVATION



RIGHT ELEVATION

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SCHROCK'S HILLY ACRES  
 GREG LIESENFELD  
 PORT WING, WI

FINALIZED PLAN  
 ABC RICE LAKE

SHEET NUMBER  
 A2  
 2 of 6

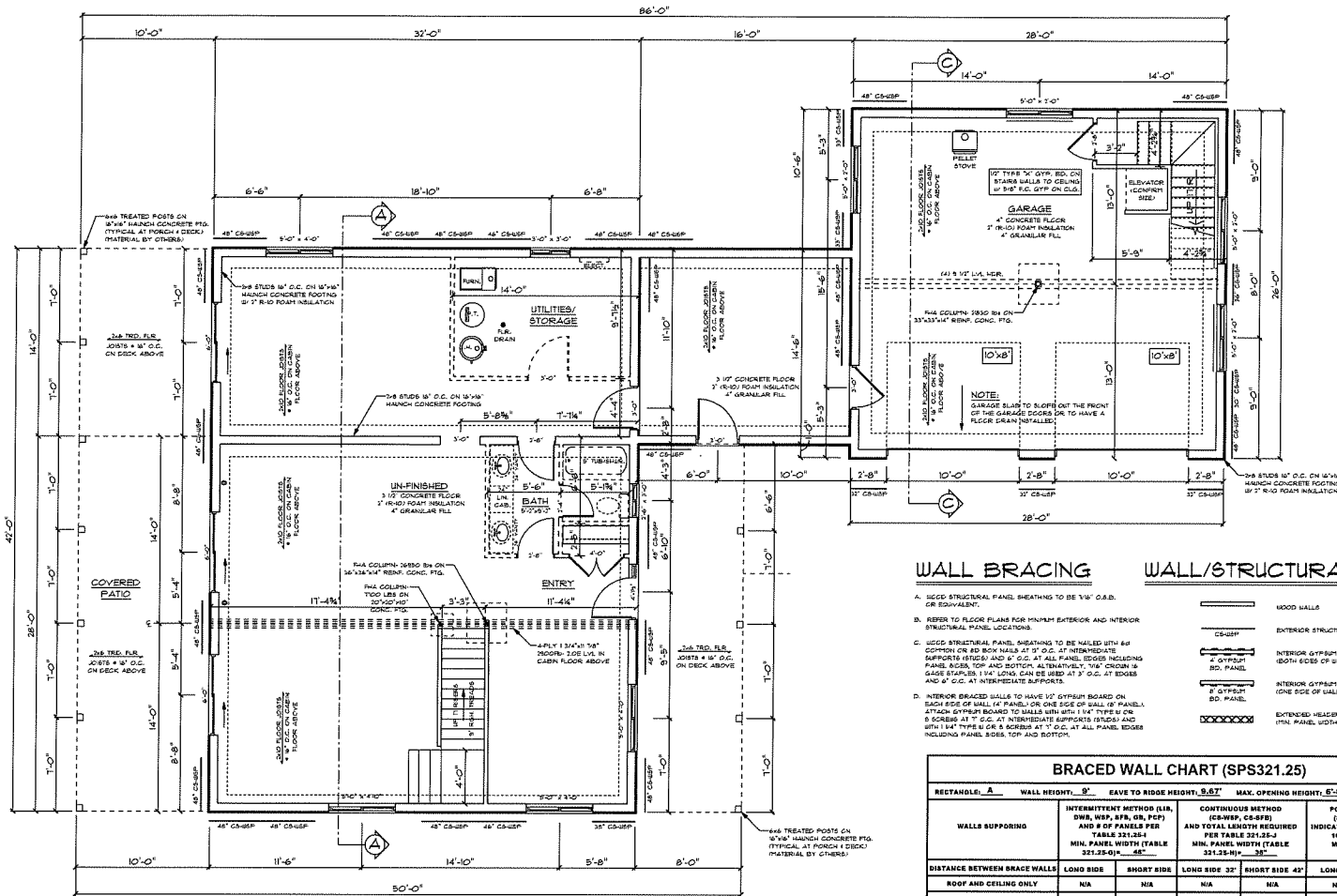
**ABC Arrow**  
 250 N. CLARK ST.  
 RICE LAKE, WI 53151  
 (920) 866-1111  
 www.abcarrow.com

ARCHITECT: ARROW ARCHITECTS, INC.  
 PROJECT: SCHROCK'S HILLY ACRES  
 LOCATION: PORT WING, WI  
 DATE: 04-20-2020  
 SCALE: 1/4" = 1'-0" D. SIZE  
 DATE: 04-20-2020 PRELIM.  
 DATE: 04-20-2020 REVISED  
 DATE: 04-20-2020 CHECKED  
 DATE: 04-20-2020 FINAL  
 DATE: 04-20-2020 REVISED

OWNER/CONTRACTOR  
 DRAIN BYT  
 LACES NIESEN  
 REVISIONS BYT  
 FILE NAME:  
 SCALE:  
 1/4" = 1'-0" D. SIZE  
 DATE:  
 04-20-2020 PRELIM.  
 04-20-2020 REVISED  
 04-20-2020 CHECKED  
 04-20-2020 FINAL  
 04-20-2020 REVISED

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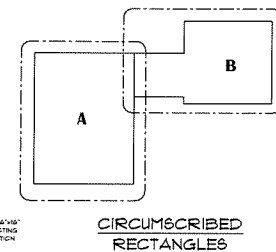




**WALL LEGEND:**  
 FUTURE WALLS BY OWNER  
 1/2\"/>

**NOTE:**  
 FOUNDATION WALLS TO BE 8\"/>

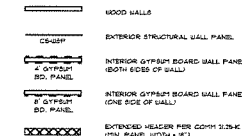
**NOTE:**  
 WINDOWS TO BE ANDERSEN  
 100 SERIES SLIDER WINDOWS  
 DARK BROWN EXT. & WHITE INT.



### WALL BRACING

- SECC STRUCTURAL PANEL SHEATHING TO BE 1/2\"/>
- REFER TO FLOOR PLANS FOR MINIMUM EXTERIOR AND INTERIOR STRUCTURAL PANEL LOCATIONS.
- SECC STRUCTURAL PANELS BRACING TO BE NAILLED WITH #6 CORNERS ON 40 BAY WALLS AT 12\"/>
- INTERIOR BRACED WALLS TO HAVE 1/2\"/>

### WALL/STRUCTURAL SYMBOLS



**FOUNDATION**  
 LOWER LEVEL: 1344 S.F.  
 BREEZEWAY: 216 S.F.  
 GARAGE: 728 S.F.  
 10'-0\"/>

BRACED WALL CHART (SPS321.25)					
RECTANGLE: A	WALL HEIGHT, 9'	EAVE TO RIDGE HEIGHT, 9.67'	MAX. OPENING HEIGHT, 8'-8"	WIND EXPOS. B	
WALLS SUPPORTING	INTERMITTENT METHOD (LIR, DWS, WSP, SFR, GB, PCP) AND # OF PANELS PER TABLE 321.25-I	CONTINUOUS METHOD (CS-WSP, CS-838) AND TOTAL LENGTH REQUIRED PER TABLE 321.25-J	PORTAL FRAME METHOD (SEE FIGURE 321.25-A) INDICATES NUMBER OF PP PANELS 16\"/>		
	MIN. PANEL WIDTH (TABLE 321.25-O) - 48"	MIN. PANEL WIDTH (TABLE 321.25-N) - 38"	MIN. PP WIDTH (FIGURE 321.25-A) - N/A		
DISTANCE BETWEEN BRACE WALLS	LONG SIDE	SHORT SIDE	LONG SIDE 32'	SHORT SIDE 42'	
ROOF AND CEILING ONLY	N/A	N/A	N/A	N/A	
ONE FLOOR, ROOF AND CEILING	N/A	N/A	N/A	N/A	
TWO FLOORS, ROOF AND CEILING	N/A	N/A	14.4'	12.4'	
RECTANGLE: B	WALL HEIGHT, 9'	EAVE TO RIDGE HEIGHT, 8'-0"	MAX. OPENING HEIGHT, 8'-0"	WIND EXPOS. B	
WALLS SUPPORTING	INTERMITTENT METHOD (LIR, DWS, WSP, SFR, GB, PCP) AND # OF PANELS PER TABLE 321.25-I	CONTINUOUS METHOD (CS-WSP, CS-838) AND TOTAL LENGTH REQUIRED PER TABLE 321.25-J	PORTAL FRAME METHOD (SEE FIGURE 321.25-A) INDICATES NUMBER OF PP PANELS 16\"/>		
	MIN. PANEL WIDTH (TABLE 321.25-O) - 48"	MIN. PANEL WIDTH (TABLE 321.25-N) - 38"	MIN. PP WIDTH (FIGURE 321.25-A) - N/A		
DISTANCE BETWEEN BRACE WALLS	LONG SIDE	SHORT SIDE	LONG SIDE 28'	SHORT SIDE 44'	
ROOF AND CEILING ONLY	N/A	N/A	N/A	N/A	
ONE FLOOR, ROOF AND CEILING	N/A	N/A	7.8'	13.2'	
TWO FLOORS, ROOF AND CEILING	N/A	N/A	N/A	N/A	

**NOTE:**  
 THIS BRACED WALL LAYOUT UTILIZES THE PRESCRIPTIVE REQUIREMENTS FOUND WITHIN SECTION SPS321.25 OF THE WISCONSIN UNIFORM DWELLING CODE

**ABC Arrow**  
 BUILDING CENTER  
 250 W. KNAPPY ST.  
 RICE LAKE, WI 54868  
 715.234-4933  
 visit@abc-cbc.com

ARROW BUILDING CENTER CANNOT BE HELD RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION CONTAINED HEREIN. THE INFORMATION IS PROVIDED AS A SERVICE TO OUR CUSTOMERS AND IS NOT A CONTRACT. THE CUSTOMER SHALL NOT DUPLICATE OR REPRODUCE THE INFORMATION FOR ANY OTHER PURPOSE. THE CUSTOMER SHALL BE RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION CONTAINED HEREIN.

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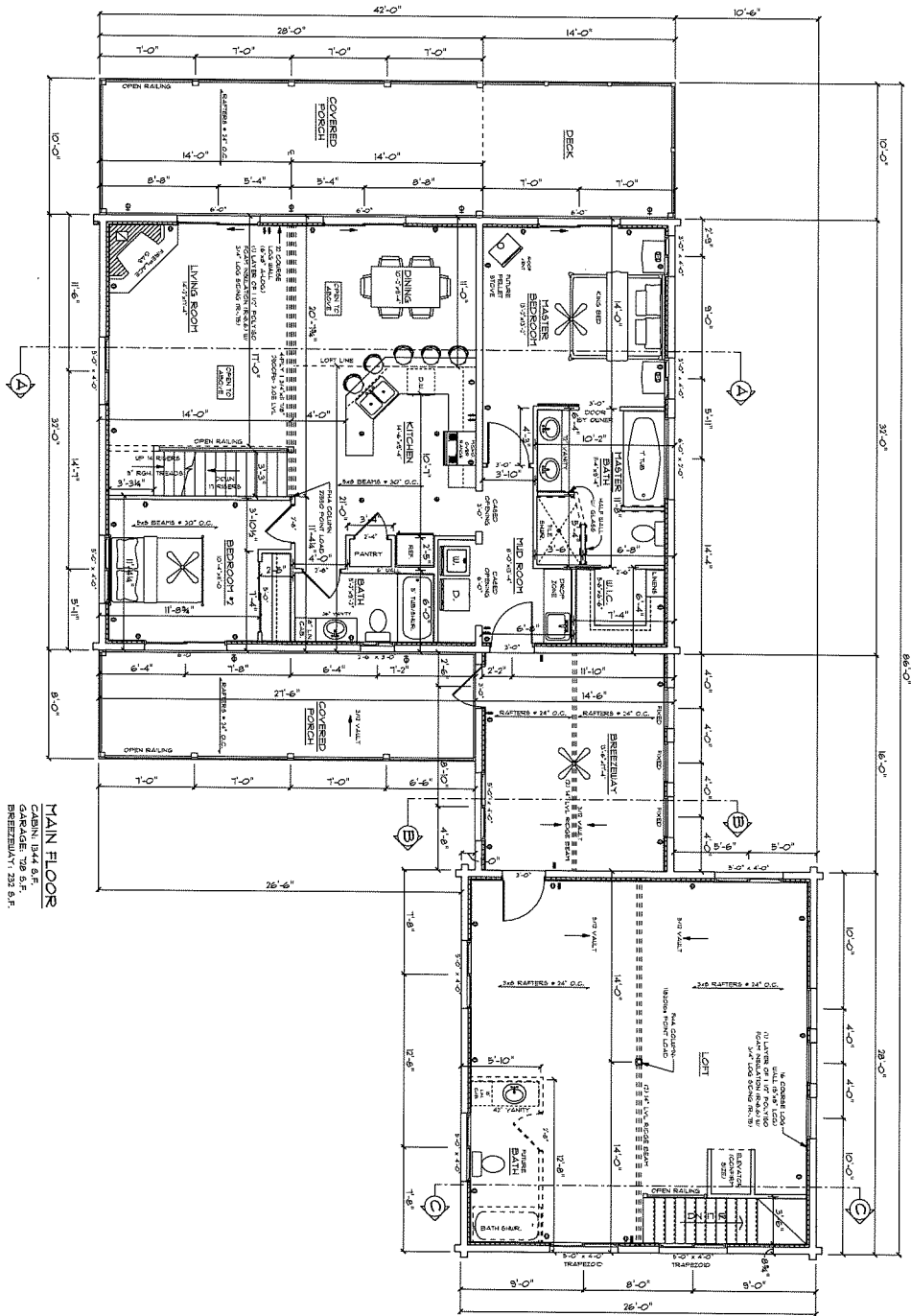
SCHROCK'S HILLY ACRES  
**GREG LIESENFELD**  
 PORT WING, WI

**DRAWN BY:**  
 LANCE NIELSEN  
**REVISIONS BY:**  
 FILE NAME:  
 SCALE:  
 1/4" = 1'-0" D-SIZE

**DATE:**  
 10-12-20 PRELIM.  
 11-04-20 REVISED  
 11-06-20 REVISED  
 11-06-20 CHECK-OUT  
 02-11-21 FINAL  
 04-06-21 REVISED  
 04-18-21 REVISED

**SHEET NUMBER**  
**A3**  
 SHEET 3 OF 6

**FINALIZED PLAN**  
 ABC- RICE LAKE



- NOTE:**  
 CABIN TO HAVE GAS AS  
 IS MAIN SOURCE OF HEAT
- NOTE:**  
 ELECTRICAL OUTLET - ALL  
 SUBCONTRACTOR NOT ALL  
 OUTLETS ARE SHOWN AND  
 SUBCONTRACTOR TO LOCATE  
 INTERIOR OUTLETS PER CODE
- NOTE:**  
 ALL ELECTRICAL WORK  
 SHALL BE DONE BY A  
 LICENSED ELECTRICIAN  
 PER CODE
- NOTE:**  
 CABIN PER DECK CODE (RPS 31/23)
- NOTE:**  
 HOLLOW-DOOR TENSION DEVICES SHALL BE  
 PROVIDED IN NOT LESS THAN 2 LOCATIONS, AND  
 CAPACITY OF NOT LESS THAN 1000 LBS.
- NOTE:**  
 WINDOWS TO BE ANDERSEN  
 100 SERIES SLIDER WINDOWS  
 DARK BROWN EXT. 1 WHITE INT.

- WALL LEGEND:**  
 1/2" GYPSUM BOARD  
 5/8" GYPSUM BOARD  
 1" GYPSUM BOARD  
 1 1/2" GYPSUM BOARD  
 2" GYPSUM BOARD  
 2 1/2" GYPSUM BOARD  
 3" GYPSUM BOARD  
 4" GYPSUM BOARD  
 5" GYPSUM BOARD  
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 88" GYPSUM BOARD  
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 92" GYPSUM BOARD  
 94" GYPSUM BOARD  
 96" GYPSUM BOARD  
 98" GYPSUM BOARD  
 100" GYPSUM BOARD
- ELECTRICAL LEGEND:**  
 1/2" GYPSUM BOARD  
 5/8" GYPSUM BOARD  
 1" GYPSUM BOARD  
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 100" GYPSUM BOARD

FINALIZED PLAN  
 ABC- RICE LAKE

SHEET NUMBER  
 44  
 4 OF 6

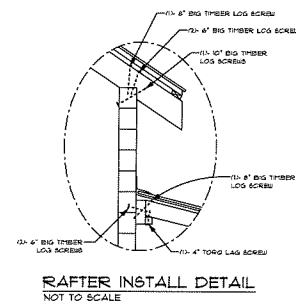
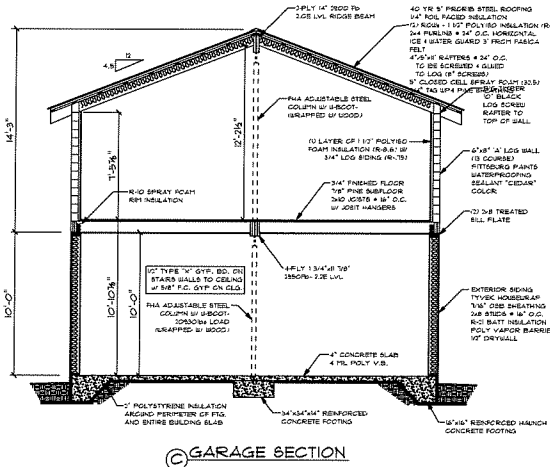
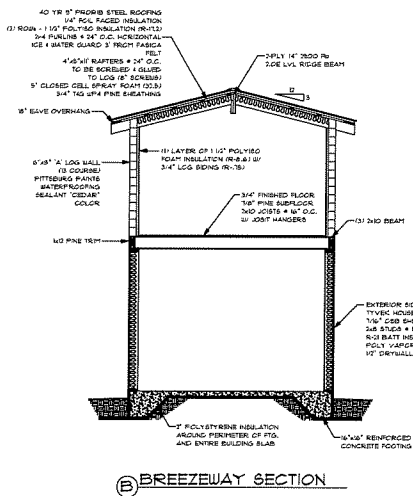
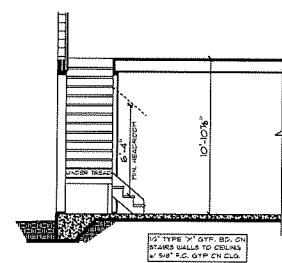
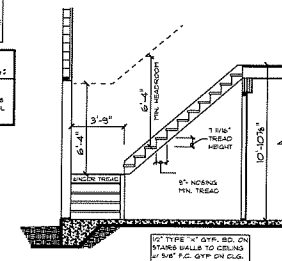
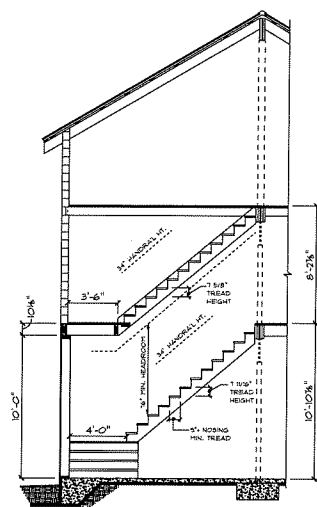
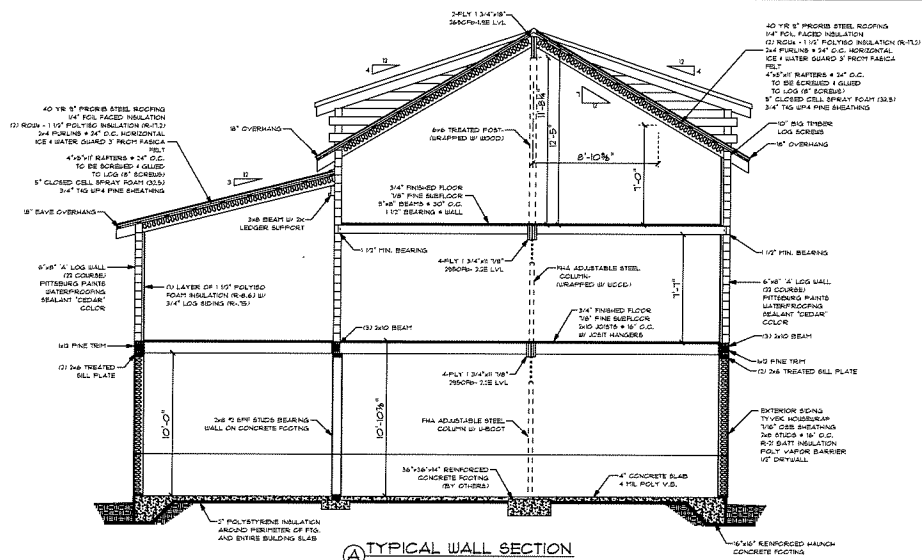
SCHROCK'S HILLY ACRES  
 GREG LIESENFIELD  
 PORT WING, WI

**ABC Arrow**  
 200 S. KILPATRICK ST.  
 RICE LAKE, WI 53151  
 (920) 861-1111  
 WWW.ABCARROW.COM

ANYONE USING THIS PLAN FOR ANY OTHER PROJECT WITHOUT THE WRITTEN PERMISSION OF ABC ARROW IS IN VIOLATION OF THE PROFESSIONAL SEAL AND LICENSE OF THE ARCHITECT. ANYONE USING THIS PLAN FOR ANY OTHER PROJECT WITHOUT THE WRITTEN PERMISSION OF ABC ARROW IS IN VIOLATION OF THE PROFESSIONAL SEAL AND LICENSE OF THE ARCHITECT.







NOTE:  
STAIR NOSING OF NOT LESS  
THAN 3/4" OR MORE THAN  
1 1/4" REQUIRED (UNLESS THE  
TREAD DEPTH IS A MIN. 12")

**ABC Arrow**  
BUILDING CENTER

220 W. KNAPP ST  
RICE LAKE, WI 54868  
TS.234-6932  
info@aabc-cbc.com

AREGRO BUILDING CENTER OWNS ALL RIGHTS, INCLUDING, BUT NOT LIMITED TO, COVENANTS OF THE BUILDING OR FLOOR PLANS CREATED UNDER THIS AGREEMENT. AREGRO BUILDING CENTER LICENSES THE BLUEPRINT OR FLOOR PLAN TO THE CONTRACTOR FOR PURPOSES OF CONSTRUCTING THE STRUCTURE DEPICTED IN THE BLUEPRINT OR FLOOR PLAN. THE CONTRACTOR SHALL NOT REPRODUCE, REUSE, RESELL, PUBLIC, OR DISPLAY THE BLUEPRINT OR FLOOR PLAN. THE BLUEPRINT OR FLOOR PLAN IS NOT A WORK MADE FOR HIRE. THIS AGREEMENT IS U.S.A.C. SECTION 501.

ALTHOUGH EVERY EFFORT HAS BEEN MADE IN PREPARING THESE PLANS AND SPECIFICATIONS THEY ARE NOT GUARANTEED. THE CONTRACTOR ASSUMES ALL RISK FOR ACCURACY. THE CONTRACTOR UNDERSTANDS THAT VARIOUS GRACES, FOOTING, ETC. ELEVATIONS, ROOMS, OPENINGS, HEADERS AND BEAM SIZES AND ALL OTHER DIMENSIONS AND SPECS ARE TO BE DETERMINED BY THE CONTRACTOR.

SCHROCK'S HILLY ACRES  
GREG LIESENFELD  
PORT WING, WI

OWNER/CONTRACTOR

DRAWN BY:  
LANCE NIELSEN  
REVISIONS BY:

FILE NAME:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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SCALE:  
1/4" = 1'-0" D-SIZE

DATE:  
10-12-20- PRELIM.  
11-04-20- REVISED  
11-06-20- REVISED  
12-16-20- CHECK-SE  
02-11-21 - FINAL  
04-06-21- REVISED  
04-15-21- REVISED

SHEET NUMBER  
A6  
SHEET 6 OF 6

FINALIZED PLAN  
ABC- RICE LAKE



# Real Estate Bayfield County Property Listing

Today's Date: 4/20/2021

Property Status: Current

Created On: 3/15/2006 1:15:58 PM



## Description

Updated: 10/15/2018

**Tax ID:** 28193  
**PIN:** 04-042-2-50-08-14-2 05-002-20000  
**Legacy PIN:** 042104205000  
**Map ID:**  
**Municipality:** (042) TOWN OF PORT WING  
**STR:** S14 T50N R08W  
**Description:** PAR IN GOVT LOT 2 & SW NW IN DOC 2018R-574926 333A  
**Recorded Acres:** 10.050  
**Calculated Acres:** 10.179  
**Lottery Claims:** 0  
**First Dollar:** Yes  
**Zoning:** (R-1) Residential-1  
**ESN:** 127



## Tax Districts

Updated: 3/15/2006

1 STATE  
04 COUNTY  
042 TOWN OF PORT WING  
044522 SCHL-SOUTHSHORE  
001700 TECHNICAL COLLEGE



## Recorded Documents

Updated: 3/15/2006

### WARRANTY DEED

Date Recorded: 10/11/2018

2018R-574926

### CONVERSION

Date Recorded:

440-300;492-356;595-276



## Ownership

Updated: 10/15/2018

GREG LIESENFELD

CLAYTON WI

### Billing Address:

GREG LIESENFELD  
231 9-1/4 AVE  
CLAYTON WI 54004

### Mailing Address:

GREG LIESENFELD  
231 9-1/4 AVE  
CLAYTON WI 54004



## Site Address \* indicates Private Road

85715 SMITH DR PORT WING 54865



## Property Assessment

Updated: 4/23/2018

### 2021 Assessment Detail

Code	Acres	Land	Imp.
G1-RESIDENTIAL	3.000	47,300	10,000
G6-PRODUCTIVE FOREST	7.050	9,200	0

### 2-Year Comparison

	2020	2021	Change
Land:	56,500	56,500	0.0%
Improved:	10,000	10,000	0.0%
Total:	66,500	66,500	0.0%



## Property History

N/A

$$78 \left( \frac{1}{\tan 14} - \frac{1}{\tan 30} \right) \times 10\%$$

$$\frac{1}{.25} - \frac{1}{.6}$$

$$4 - 1.67 = 2.33$$

$$78(2.33) = 182$$

$$= 18'$$

$$78 \left( \frac{1}{\tan 36} - \frac{1}{\tan 30} \right) \times 90\%$$

$$1.67 - 1.67 = 0$$

0

$$\begin{array}{r} 75 \\ 50 \\ \hline 125 \\ + 18 \\ \hline 143' \text{ to OHWM} \end{array}$$



Town, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY – **21-95S**  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **21-0229** Issued To: **Gregory Liesenfeld**

Location: **SW** ¼ of **NW** ¼ Section **14** Township **50** N. Range **8** W. Town of **Port Wing**

Gov't Lot **2** Lot Block Subdivision CSM#

For: **Residential Use:** [ **2.5 - Story; Residence (42' x 32') = 1,344sq. ft.;** **Porch #1 (10' x 28') = 280 sq. ft.;**  
**Porch #2 (8' x 28') = 224 sq. ft.; Deck (14' x 10') = 140 sq. ft.;**  
**Breezeway (16' x 14') = 224 sq. ft.; Attached Garage (28' x 26') = 728 sq. ft. ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):** **Must obtain a uniform dwelling code permit from the locally contracted UDC inspection agency, prior to the start of construction. Must beet and maintain setbacks.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

**Todd Norwood**

Authorized Issuing Official

**July 20, 2021**

Date